

10/522436

APPLICATION DATA SHEET

DTOT Rec'd PCT/PT 20 JAN 2005

APPLICATION INFORMATION

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title::	PROCEDURES OF CELLULAR LABELLING WITH PARAMAGNETIC COMPLEXES FOR MRI APPLICATIONS
Attorney Docket Number::	57708/380
Request For Early Publication?::	
Request For Non-Publication?::	
Suggested Drawing Figure::	
Total Drawings Sheets::	7
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity
Given Name::	Silvio
Family Name::	Aime
Name Suffix::	
City of Residence::	Milan
State or Province of Residence::	
Country of Residence::	Italy
Street of Mailing Address::	Via E. Folli, 50
City of Mailing Address::	Milan
State or Province of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	I-20134

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity
Given Name::	Simonetta
Family Name::	Geninatti Crich
Name Suffix::	
City of Residence::	Milan
State or Province of Residence::	
Country of Residence::	Italy
Street of Mailing Address::	Via E. Folli, 50
City of Mailing Address::	Milan
State or Province of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	I-20134

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity
Given Name::	Luciano
Family Name::	Lattuada
Name Suffix::	
City of Residence::	Milan
State or Province of Residence::	
Country of Residence::	Italy
Street of Mailing Address::	Via E. Folli, 50
City of Mailing Address::	Milan
State or Province of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	I-20134

CORRESPONDENCE INFORMATION

Correspondence Customer Number::	35743
Phone Number::	212-715-9100
Fax Number::	212-715-8000

REPRESENTATIVE INFORMATION

Representative Customer Number::	35743
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2003/007962	07/22/03
PCT/EP2003/007962	An application claiming the benefit under 35 USC 119 (e)	60/397,000	07/22/02

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::

ASSIGNEE INFORMATION

Assignee Name::	Bracco Imaging S.p.A.
Street of Mailing Address::	Via Egidio Folli 50
City of Mailing Address::	Milan
State or Province of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	20134